

**BEST AVAILABLE COPY**

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.	493188
APPLICANT(S)	

FILING DATE  
1-28-00

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
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TOTAL	3					
TOTAL	3					
TOTAL	3					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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